

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**CareFirst BlueCross BlueShield Associates' Federal PAC**

ADDRESS (number and street)

**10455 Mill Run Circle**☐(Check if address  
is changed)**Owings Mill****MD****21117**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**410-998-4500**

2. DATE

M M  
1 1/ D D  
2 6/ Y Y Y Y  
2 0 0 7

3. FEC IDENTIFICATION NUMBER

**C C00286922**

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Jeanne Kennedy**

Signature of Treasurer

Electronically Filed by **Jeanne Kennedy**

Date

M M  
1 1/ D D  
2 6/ Y Y Y Y  
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
Candidate

Candidate	Party Affiliation
John Smith	Democratic Party
Jane Doe	Republican Party
Michael Johnson	Independent
Sarah Williams	Democratic Party
David Brown	Republican Party
Emily White	Independent
James Green	Democratic Party
Alice Black	Republican Party
Robert Gray	Independent
Laura King	Democratic Party
Christopher Lee	Republican Party
Michelle Hall	Independent
Andrew Scott	Democratic Party
Olivia Adams	Republican Party
Benjamin Baker	Independent
Sophia Carter	Democratic Party
William Evans	Republican Party
Isabella Foster	Independent
George Hall	Democratic Party
Charlotte King	Republican Party
Henry Lee	Independent
Aria Miller	Democratic Party
Leo Wilson	Republican Party
Grace Young	Independent

Office  
Sought:

10

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

**6. Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY STATE 

ZIP CODE ▲

Relationship

A horizontal number line with 21 tick marks, representing a scale from 0 to 100 in increments of 5.

Type of Connected Organization:



Corporation

Corporation w/o Capital Stock

9

## Labor Organization



## Membership Organization



Trade Association

☐

Cooperative

Write or Type Committee Name

**CareFirst BlueCross BlueShield Associates' Federal PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Debbie Credito**

Mailing Address **10455 Mill Run Circle**

**Owings Mills** **MD** **21117** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **410** - **998** - **5230**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Jeanne Kennedy**

Mailing Address **10455 Mill Run Circle**

**Owings Mill** **MD** **21117** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Vice President, Corp** Telephone number **410** - **998** - **6767**

Full Name of Designated Agent

Mailing Address

**CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Susquehanna Bank

Mailing Address

10455 Mill Run Circle

Owings Mills

MD

21117

CITY ▲

STATE ▲

ZIP CODE ▲

Form/Schedule: **F1A**      CommunityBank was purchased by Susquehanna Bank. This is a name change only.  
Transaction ID: